



This document provides guidance to Long Term Care Facilities (LTCFs) that are skilled nursing facilities (SNF) or assisted living residences (ALR). Except for current mandates in effect under a Mayor's Order or other existing local or federal regulation, any definitive action statements made in this guidance (e.g., "must") are considered essential best practice recommendations to mitigate the spread of COVID-19. Given the critical importance of preventing COVID-19 from entering or spreading within LTCFs, decisions on relaxing restrictions should be made with careful review of the number of facility-level and community cases, and in consultation with DC Health. Residents and healthcare personnel should continue to follow all current infection prevention and control recommendations to protect themselves and others from COVID-19, regardless of their vaccination status.

Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
	Confirmed outbreak as defined in Health Notice: "COVID-19 Outbreak Investigation and Reporting Requirements") OR a suspected outbreak as determined by DC Health after investigation, risk assessments and contact tracing. AND	Confirmed outbreak Health Notice: "COVID-19 Outbreak Investigation and Reporting Requirements") OR a suspected outbreak as determined by DC Health after investigation, risk assessments and contact tracing. AND	No new COVID-19 cases in residents or staff for 14 days or as determined by DC Health. PLEASE NOTE: In accordance with CMS Guidance QSO-20-38-NH REVISED, facility-wide testing will be required if the facility:
Definitions	Results from first round of facility-wide or concentric circle testing ¹ (i.e., outbreak testing) are still pending	Results from the first round of outbreak testing reveal no additional COVID-19 cases in other areas (e.g., units) of the facility. AND	 Is unable to provide necessary information required for investigation/contact tracing to DC Health within 24 hours of it being requested or becoming aware of the positive result
Def	PLEASE NOTE: DC Health must help make this determination. The threshold for required reporting is ≥1 probable or confirmed COVID-19 case in a resident or HCP OR ≥3 cases of acute illness compatible with	Results from subsequent rounds of outbreak testing reveal no additional COVID-19 cases in other areas (e.g., units) of the facility.	(whichever is first) OR
	COVID-19 in residents with onset within a 72h period, as stated in the Health Notice: "COVID-19 Outbreak Investigation and Reporting Requirements")	PLEASE NOTE: DC Health must help make this determination.	Does not have the expertise, resources, or ability to identify or manage all close contacts.
Equipment/Source itrol	 ALL residents should wear a well-fitting mask when: Outside their room indoors Anyone enters their room (for direct care or other services, such as cleaning) Within 6 feet of a roommate and not separated by a barrier such as a curtain 	 ALL residents should wear a well-fitting mask when: Outside their room indoors Anyone enters their room (for direct care or other services, such as cleaning) Within 6 feet of a roommate and not separated by a barrier such as a curtain 	Residents who are unvaccinated, not up to date ² on their COVID-19 vaccine OR immunocompromised ³ (regardless of vaccination status) should wear a well-fitting mask when: Outside their room indoors Anyone enters their room (for direct care or other services, such as cleaning)
Protective Ec	Staff must follow Required Personal Protective Equipment (PPE) for Healthcare Facilities AND Screening in a Healthcare Setting at, coronavirus.dc.gov/healthguidance. • Quarantine-level PPE (gown, gloves, respirators, and eye protection) should be used for residents who had a known	Staff must follow Required Personal Protective Equipment (PPE) for Healthcare Facilities AND Screening in a Healthcare Setting at, coronavirus.dc.gov/healthguidance. • Quarantine-level PPE (gown, gloves, respirators, and eye protection) should be used for residents who had a known	Within 6 feet of a roommate and not separated by a barrier such as a curtain NOTE: All residents should wear a well-fitting mask as indicated above if a DC Mask Mandate is in effect.
Personal	exposure to a positive individual OR if transmission appears to be wide-spread within a large portion of the facility (consult with DC Health if full facility quarantine is being considered).	exposure to a positive individual.	Staff must follow Required Personal Protective Equipment (PPE) for Healthcare Facilities AND Screening in a Healthcare Setting at, coronavirus.dc.gov/healthguidance.

1 <u>Concentric circle testing</u> is a focused method that relies on risk assessments and contact tracing to determine the scope of an outbreak affecting a specific group or area (e.g., unit, floor, or department). Contacts with any documented exposure are tested first. If there is evidence of transmission in these contacts or any other newly identified exposures within the facility, testing is expanded to include new contacts. Evidence on transmission encompasses test results and risk assessment findings.

² A person is considered <u>up to date</u> after they have received all recommended doses of the COVID-19 vaccine, including booster doses as applicable. More information can be found in *Guidance for Close Contacts of a Person Confirmed to have COVID-19:*Quarantine and Testing at coronavirus.dc.qov/healthquidance.

³ Immunocompromised means having a weakened immune system due to a medical condition or from taking medications that suppress the immune system. This includes, but is not limited to: people on chemotherapy, people with blood cancers like leukemia, people who have had an organ transplant or stem cell transplant, and people on dialysis





Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
	Communal dining is restricted.	Limited communal dining is permitted for areas/unit not affected.	Communal dining is permitted.
		Residents who meet the following criteria may eat in the same room: Resident must <u>not</u> be from a unit/area experiencing an outbreak. Resident has not tested positive for the virus that causes COVID-19. OR Resident was previously positive for the virus that causes COVID-19 AND has completed the symptom-based or time-based clearance method	Residents who meet the following criteria may eat in the same room: Resident has not tested positive for the virus that causes COVID-19. OR Resident was previously positive for the virus that causes COVID-19 AND has completed the symptom-based or time-based clearance method.
Bu		Residents who are up to date on their COVID-19 vaccine can participate in communal dining without social distancing provided no residents who are unvaccinated, not up to date on their COVID-19 vaccine OR immunocompromised are present and masks are worn when not actively eating or drinking; however, social distancing remains the safest option.	Residents who are up to date on their COVID-19 vaccine can participate in communal dining without social distancing provided no residents who are unvaccinated, not up to date on their COVID-19 vaccine OR immunocompromised are present and masks are worn when not actively eating or drinking; however, social distancing remains the safest option.
Communal Dining		If any resident is present who is unvaccinated or not up to date on their COVID-19 vaccine OR is immunocompromised, ALL residents must maintain social distancing and wear masks (when not actively eating or drinking).	If any resident is present who is unvaccinated or not up to date on their COVID-19 vaccine OR is up to date but immunocompromised, ALL residents must maintain social distancing and wear masks when not actively eating or drinking.
Com		Group size and dining space must allow for social distancing when required.	Group size and dining space must allow for social distancing when required.
		Residents who meet the following criteria must continue to be served in their rooms: Currently isolated due to COVID-19 Currently experiencing symptoms of possible COVID-19 Currently quarantined due to exposure to COVID-19	Residents who meet the following criteria must continue to be served in their rooms: Currently isolated due to COVID-19 Currently experiencing symptoms of possible COVID-19 Currently quarantined due to exposure to COVID-19
		PLEASE NOTE: Communal dining will increase the risk of COVID-19 spreading in your facility. Please be cautious by ensuring all appropriate testing and screening practices are in place before implementing any level of communal dining. Implement robust infection control measures (e.g., ensure ample access to hand hygiene supplies, ensure appropriate cleaning and disinfection of the dining area, etc.) and take measures that facilitate social distancing (e.g., remove chairs, space tables, stagger mealtimes, etc.).	PLEASE NOTE: Communal dining will increase the risk of COVID-19 spreading in your facility. Please be cautious by ensuring all appropriate testing and screening practices are in place before implementing any level of communal dining. Implement robust infection control measures (e.g., ensure ample access to hand hygiene supplies, ensure appropriate cleaning and disinfection of the dining area, etc.) and take measures that facilitate social distancing (e.g., remove chairs, space tables, stagger mealtimes, etc.).





OVERNMEN	T OF THE DISTRICT OF COLUMBIA	d Nursing Facilities & Assisted Living Residences	CMURIEL BOWSER, MAYOR
Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
	Allow entry of LIMITED numbers of non-essential healthcare personnel/contractors as determined necessary by the facility. Consider telemedicine options as much as possible while outbreak investigation is underway. All non-essential personnel must undergo screening and testing (see Testing Staff section on page 9). All non-essential personnel must follow the same personal protective equipment requirements as for staff. All non-essential personnel must be informed that an outbreak investigation is in progress. For full guidance on Screening in a Healthcare Setting, Screening Tool Guidance, and Required Personal Protective Equipment (PPE) for Healthcare Facilities, visit coronavirus.dc.gov/healthguidance. PLEASE NOTE: Non-essential medical personnel are determined by each individual facility. This determination should be made based on the medical needs of individual residents at that facility at that point in time. Personnel educating and assisting in resident transitions to the community must be permitted entry.	Allow entry of LIMITED numbers of non-essential healthcare personnel/contractors as determined necessary by the facility. • Consider telemedicine options as much as possible on the unit/area impacted by the outbreak. • All non-essential personnel must undergo screening and testing (see Testing Staff section on page 9). • All non-essential personnel must follow the same personal protective equipment requirements as for staff. For full guidance on Screening in a Healthcare Setting, Screening Tool Guidance, and Required Personal Protective Equipment (PPE) for Healthcare Facilities, visit coronavirus.dc.gov/healthguidance. PLEASE NOTE: Non-essential medical personnel are determined by each individual facility. This determination should be made based on the medical needs of individual residents at that facility at that point in time. Personnel educating and assisting in resident transitions to the community must be permitted entry.	Allow entry of non-essential healthcare personnel/contractors. Consider telemedicine options as much as possible All non-essential personnel must undergo screening and testing (see Testing Staff section on page 9). All non-essential personnel must follow the same personal protective equipment requirements as for staff. For full guidance on Screening in a Healthcare Setting, Screening Tool Guidance, and Required Personal Protective Equipment (PPE) for Healthcare Facilities, visit coronavirus.dc.gov/healthguidance. PLEASE NOTE: Non-essential medical personnel are determined by each individual facility. This determination should be made based on the medical needs of individual residents at that facility at that point in time. Personnel educating and assisting in resident transitions to the community must be permitted entry.
Leaving for Medical Reasons	Avoid non-essential medical visits. For essential medical visits outside the facility, ensure: • residents who must leave the facility wear masks while outside the facility. • the receiving medical facility is notified about the facility outbreak prior to arrival • transporters and the receiving facility must be notified of the resident's status and precautions required. • Travel for medical care for COVID-19 positive residents should be provided by medical transport.	■ Residents who are not on a unit/area experiencing an outbreak may leave the facility for routine/elective medical appointments with the following considerations: ○ Residents do not need to quarantine upon return, regardless of vaccination status, unless they were exposed to a person with confirmed COVID-19. Residents who have symptoms of possible COVID-19 must isolate. ○ Residents who leave the facility for medical appointments AND engage in any other activity prior to returning to the facility must follow guidelines outlined in the Resident Outings/Field Trips section on page 6. ○ Residents leaving the facility who require inpatient admission to another medical facility must follow the Plan for Isolation, Quarantine, & New/Readmissions section on page 10 AND the As Needed (prn) & New/Readmission Testing section on page 8 upon return. • Residents with laboratory-confirmed COVID-19 who have not been cleared from isolation should only leave the facility for essential medical needs (i.e., dialysis), with prior notification of the receiving facility. The receiving facility must be notified of the	 Allow all non-essential medical visits. Residents may leave the facility for routine/elective medical appointments with the following considerations: Residents do not need to quarantine upon return, regardless of vaccination status, unless they were exposed to a person with confirmed COVID-19. Residents with who have symptoms of possible COVID-19 must isolate. Residents who leave the facility for medical appointments AND engage in any other activity prior to returning to the facility must follow guidelines outlined in the Resident Outings/Field Trips section on page 6. Residents leaving the facility who require inpatient admission to another medical facility must follow the Plan for Isolation, Quarantine, & New/Readmissions section on page 10 AND the As Needed (prn) & New/Readmission Testing section on page 8 upon return. Residents with laboratory-confirmed COVID-19 who have not been cleared from isolation should only leave the facility for essential medical needs (i.e., dialysis), with prior notification of the receiving facility. Travel for medical care for COVID-19 positive residents should be apposited to a page of the p

resident's status and precautions required.

provided by medical transport.

• Travel for medical care for COVID-19 positive residents should be

be provided by medical transport.





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Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
	Limited non-medical personal care services that are provided within the facility are permitted for residents. Strongly consider routine weekly testing of non-medical personal care service personnel who are not up to date on their COVID-19 vaccine. Appointments should be postponed, if possible, while outbreak investigation is underway. All non-medical personnel must be informed that an outbreak investigation is in progress.	Limited non-medical personal care services that are provided within the facility are permitted for residents. Strongly consider routine weekly testing of non-medical personal care service personnel who are not up to date on their COVID-19 vaccine. Appointments should be postponed, if possible, on units/areas experiencing an outbreak. All non-medical personnel must be informed if they are going to be providing services on units/areas experiencing an outbreak.	Non-medical personal care services that are provided within the facility are permitted. For non-medical care services that occur outside the facility, see the Resident Outings/Field Trips section on page 6). Residents who meet the following criteria should not undergo personal care services: • Currently isolated due to COVID-19 • Currently isolated due to experiencing symptoms of possible
	For non-medical care services that occur outside the facility, see the Resident Outings/Field Trips section on page 6).	For non-medical care services that occur outside the facility, see the Resident Outings/Field Trips section on page 6).	COVID-19 • Currently quarantined due to exposure to COVID-19
Non-medical personal care services	Permitted personal care services:	Permitted personal care services: Barbers Hairdressers Non-medical nail care (manicures, pedicures, acrylics, etc.) Residents who meet the following additional criteria should not undergo personal care services: Currently isolated due to COVID-19 Currently experiencing symptoms of possible COVID-19 Currently quarantined due to exposure to COVID-19 Screen all personnel at the beginning of their shift for fever and other symptoms of COVID-19 For full guidance on Screening in a Healthcare Setting and Screening Tool Guidance, visit coronavirus.dc.gov/healthguidance.	Screen all personnel at the beginning of their shift for fever and other symptoms of COVID-19 • For full guidance on Screening in a Healthcare Setting and Screening Tool Guidance, visit coronavirus.dc.gov/healthguidance. Ensure additional precautions are maintained: • Residents must wear masks. • Non-medical personnel must wear masks when providing personal care services. • Provision of infection control education and competency to personnel • Hand hygiene. • Personal protective equipment. • Cleaning and disinfection (e.g., contact time). • Ensure cleaning and disinfection is performed between residents using products on EPA List N.
	 Ensure additional precautions are maintained: Residents must wear masks. Non-medical personnel must wear masks when providing personal care services. Provision of infection control education and competency to personnel Hand hygiene. Personal protective equipment. Cleaning and disinfection (e.g., contact time). Ensure cleaning and disinfection is performed between residents using products on EPA List N.	 Ensure additional precautions are maintained: Residents must wear masks. Non-medical personnel must wear masks when providing personal care services. Provision of infection control education and competency to personnel Hand hygiene. Personal protective equipment. Cleaning and disinfection (e.g., contact time). Ensure cleaning and disinfection is performed between residents using products on EPA List N.	

¹ <u>Personal Care Services</u> does <u>NOT</u> include those **essential** activities of daily living or ADL's (e.g., bathing, toileting, oral care, eating/feeding, getting dressed).





Activity	Outbreak Initiation Phase
	Limited on-site group activities can occur within the facility or the facility's boundary.
	Group activities should be postponed, if possible, while investigation is underway.
	Residents who meet the following criteria may be physically present during group activities: Resident must not be from a unit/area experiencing an outbreak. Resident has not tested positive for the virus that causes COVID-19. OR Resident was previously positive for the virus that causes COVID-19 AND has completed the symptom-based or time-based clearance method. Residents who are up to date with their COVID-19 vaccine (who meet the above criteria) can participate in:
On-Site Group Activities	Indoor on-site group activities while wearing masks, without social distancing, provided that no residents who are unvaccinated, not up to date on their COVID-19 vaccine, OR immunocompromised are present Outdoor on-site group activities without wearing masks or social distancing, provided that no residents who are unvaccinated, not up to date on their COVID-19 vaccine, OR immunocompromised are present
Ö	If any resident is present who is unvaccinated, <u>not</u> up to date on their COVID-19 vaccine, OR immunocompromised, ALL residents must wear masks.
	Group size and activity space must allow for social distancing when indicated.
	Residents who meet the following criteria should not physically* be present for group activities:
	PLEASE NOTE: Group activities will increase the risk of COVID-19 spreading in your facility. Implement robust infection control measures (e.g., encourage residents to wear masks, ensure ample access to hand hygiene supplies, ensure robust cleaning and disinfection of activity space and equipment, etc.) and take measures to facilitate social distancing (e.g., remove chairs, space tables, stagger activity start and end times, etc.).

Limited on-site group activities can occur within the facility or the facility's boundary.

Residents who meet the following criteria may be physically present during group activities:

Controlled Outbreak Phase

- Resident must not be from a unit/area experiencing an outbreak.
 - Resident has not tested positive for the virus that causes COVID-19.

OR

 Resident was previously positive for the virus that causes COVID-19 AND has completed the symptom-based or timebased clearance method

Residents who are up to date with their COVID-19 vaccine (who meet the above criteria) can participate in:

- <u>Indoor</u> on-site group activities while wearing masks, without social distancing, provided that no residents who are unvaccinated, not up to date on their COVID-19 vaccine, OR immunocompromised are present
- <u>Outdoor</u> on-site group activities without wearing masks or social distancing provided that <u>no residents who are unvaccinated</u>, <u>not up</u> to date on their COVID-19 vaccine, <u>OR</u> immunocompromised are present

If any resident is present who is unvaccinated, not up to date on their COVID-19 vaccine, OR immunocompromised, ALL residents must wear masks.

Group size and activity space must allow for social distancing when indicated.

Residents who meet the following criteria should not physically* be present for group activities:

- Currently isolated due to COVID-19
- Currently experiencing symptoms of possible COVID-19
- Currently quarantined due to exposure to COVID-19

PLEASE NOTE: Group activities will increase the risk of COVID-19 spreading in your facility. Implement robust infection control measures (e.g., encourage residents to wear masks, ensure ample access to hand hygiene supplies, ensure robust cleaning and disinfection of activity space and equipment, etc.) and take measures to facilitate social distancing (e.g., remove chairs, space tables, stagger activity start and end times, etc.).

On-site group activities can occur within the facility or the facility's boundary.

No Outbreak Phase

Residents who meet the following criteria may be physically present during group activities:

- Resident has not tested positive for the virus that causes COVID-19.
 OR
- Resident was previously positive for the virus that causes COVID-19 **AND** has completed the symptom-based or time-based clearance method

Residents who are up to date with their COVID-19 vaccine (who meet the above criteria) can participate in:

- <u>Indoor</u> on-site group activities while wearing masks, without social distancing, provided <u>that no residents who are</u> <u>unvaccinated</u>, not up to date on their COVID-19 vaccine, <u>OR</u> <u>immunocompromised are present</u>
- <u>Outdoor</u> on-site group activities without wearing masks or social distancing provided that <u>no residents who are unvaccinated, not up to date on their COVID-19 vaccine, <u>OR immunocompromised</u> are present
 </u>

If any resident is present who is unvaccinated, not up to date on their COVID-19 vaccine, OR immunocompromised, ALL residents must wear masks.

Group size and activity space must allow for social distancing when indicated.

Residents who meet the following criteria should not physically* be present for group activities:

- Currently isolated due to COVID-19
- Currently experiencing symptoms of possible COVID-19
- Currently guarantined due to exposure to COVID-19

PLEASE NOTE: Group activities will increase the risk of COVID-19 spreading in your facility. Implement robust infection control measures (e.g., encourage residents to wear masks, ensure ample access to hand hygiene supplies, ensure robust cleaning and disinfection of activity space and equipment, etc.) and take measures to facilitate social distancing (e.g., remove chairs, space tables, stagger activity start and end times, etc.).

^{*}Consider tele-participation

^{*}Consider tele-participation





Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
	Resident field trips are not permitted.	Resident field trips are permitted for those who <u>ARE NOT</u> on a unit/area experiencing an outbreak.	Resident outings and field trips are permitted.
	Resident outings should be strongly discouraged.		
		Resident outings should be strongly discouraged for those who <u>ARE</u> on a unit experiencing an outbreak.	
	Residents who leave the facility for non-medical community activities. Posidents must and those assembles in a thought a thou		
	Residents must and those accompanying them should: We are really during the arting of the posible and residents.		
	Wear masks during the entire outing (if possible) and maintai If a maid and is any to determit their OO/ID 40 massisses.		and the state of t
	contact with the community, a mask is not necessary.	they can choose to have close contact (including touch) with others in the co	mmunity while wearing a mask. If taking a walk outdoors and not in close
Trips	Residents who are up to date with their COVID-19 vac	cine visiting friends or family that are also up to date may choose to interact v	vithout masks or physical distancing.
	Physical touch for an extended period of time with peo	ple who are unvaccinated or not up to date with their COVID-19 vaccine or pe	eople with unknown vaccination status should be avoided.
ielc	> Immunocompromised residents should wear a mag	sk and always maintain social distancing, regardless of vaccination stat	us.
<u>\</u>	 Clean hands frequently, using alcohol-based hand sanitizer v 	hen soap and water is not available.	
ng	 Facilities must keep a log of activities to assist in completing 	the risk assessment and allow for contact tracing if needed.	
Outings/Field	 Residents and family members should be educated about potent 	ial risks of public settings and to avoid crowded, poorly ventilated areas.	
	 Residents and family members must be informed <u>if an outbr</u> 	eak investigation is in progress, and about associated risks and PPE re	quirements.
Resident	o Upon return:		
Sic	 All residents must be screened for symptoms of COVID-19. 		
~	 Facilities must complete a resident risk assessment to evalua 	ite the need for quarantine for:	
	All residents in facilities where less than 85% of the re-	sidents are up to date on their COVID-19 vaccine.	
	Residents who are unvaccinated or not up to date on t to date on their COVID-19 vaccine.	heir COVID-19 vaccine and immunocompromised residents (regardless of va	ccination status) in facilities where 85% or more of the residents are up
	 If a risk assessment is completed, residents determined to h 	ave participated in a higher risk activity must quarantine.	
	NOTE: Testing is still required for residents who have left the facility 8.	for more than 24 hours, regardless of vaccination status, as outlined in	the <u>As Needed (PRN) & New/Readmission Testing</u> section on page
	The "Risk Assessment for Community Visits" can be found at corons	avirus.dc.gov/healthguidance.	





Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
	Interfacility activities between separately licensed health care facilities (e.g., ALR, SNF) or from separate settings (e.g., Independent Living) located in the same building or campus are NOT permitted.	Limited interfacility activities between separately licensed health care facilities (e.g., ALR, SNF) or from separate settings (e.g., Independent Living) located in the same building or campus are permitted with the following guidelines: • Participating facilities must NOT be in an uncontrolled outbreak.	Interfacility activities between separately licensed health care facilities (e.g., ALR, SNF) or from separate settings (e.g., Independent Living) located in the same building or campus are permitted with the following guidelines: • Participating facilities must NOT be in an uncontrolled
Activities (Same Campus)		 (DC Health must help make this determination unless the facility falls under purview of this guidance). Outdoor activities are preferred over indoor when possible. All individuals participating and facilitating the activity must follow the same standards for screening and logging as outlined in visitation guidance. Activity participants that are not residents or staff of a facility involved in the inter-facility activity, must be treated as visitors, follow visitation guidance, AND indicate participation in activity in the visitor log. See Guidance for Visitation in Skilled Nursing Facilities and Assisted Living Residences at 	 outbreak. (DC Health must help make this determination unless the facility falls under purview of this guidance). Outdoor activities are preferred over indoor when possible. All individuals participating and facilitating the activity must follow the same standards for screening and logging as outlined in visitation guidance. Activity participants that are not residents or staff of a facility involved in the inter-facility activity, must be treated as visitors, follow visitation guidance, AND indicate participation in activity in the visitor log. See Guidance for Visitation in Skilled Nursing Facilities and Assisted Living Residences at
Inter-Facility /		Interfacility activities must be limited to the area designated for the activities. There must be specified entries, exits, and pathways to the dedicated space that minimizes exposure to other residents. Areas in quarantine or isolation (e.g., units, floors) must have clear and appropriate signage and other markers (e.g., closed doors, floor markings) to ensure participants do not inadvertently enter the area. NOTE: Facilities must also follow ALL participation criteria, masking, and social distancing guidance outlined in the On-Site Group Activities section on page 5.	Interfacility activities must be limited to the area designated for the activities. There must be specified entries, exits, and pathways to the dedicated space that minimizes exposure to other residents Areas in quarantine or isolation (e.g., units, floors) must have clear and appropriate signage and other markers (e.g., closed doors, floor markings) to ensure participants do not inadvertently enter the area. NOTE: Facilities must also follow ALL participation criteria, masking, and social distancing guidance outlined in the On-Site Group Activities section on page 5.





Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
Testing residents	Test all residents in the facility, regardless of vaccination status (excluding those isolated due to positive COVID-19 status at time of specimen collection and those positive within the previous 90days and recovered) if: • ≥1 case in a resident ≥ 14 days after admission/readmission; OR • ≥3 cases in staff within 14 days; OR • ≥3 cases in individuals (e.g., visitors, vendors) associated with a specific location/department within 14 days or	If initial testing reveals no additional COVID-19 cases and existing cases are contained within a single area/unit, then PCR testing (regardless of vaccination status) of quarantined residents or affected units shall continue every 3-7 days. Exclude residents from testing who: • Are isolated due to positive COVID-19 status at time of specimen collection • Have tested positive within the previous 90 days and recovered. NOTE: Those who have tested positive for COVID-19 (and recovered) within the previous 90 days who develop new symptoms of COVID-19	Routine testing of all residents (for surveillance or outbreak purposes) is not required if: • ≤2 staff test positive within a 14-day period AND • 0 residents test positive within a 14-day period AND • ≤2 cases in individuals (e.g., visitors, vendors) associated with a specific location/department within 14 days or epidemiological link within the facility. AND
Testing	epidemiological link within the facility. OR It is determined necessary by DC Health after investigation/contact tracing. NOTE: Those who have tested positive for COVID-19 (and recovered) within the previous 90 days who develop new symptoms of COVID-19 should be evaluated by an HCP for testing.	should be evaluated by an HCP for testing.	After there have been two consecutive weeks (i.e., >14 days) of no new test results in staff and residents from facility-wide outbreak testing (using an FDA approved PCR test) NOTE: Those who have tested positive for COVID-19 (and recovered) within the previous 90 days who develop new symptoms of COVID-19 should be evaluated by an HCP for testing
As Needed (PRN) & New/Readmission Testing	Test any resident as needed who meets the following criteria: Showing symptoms of possible COVID-19 Exposed (regardless of vaccination status) to another resident, staff, or visitor who was confirmed to have COVID-19 AND the resident has not recovered from a COVID-19 infection within the previous 90 days. Resident must be tested immediately (but not earlier than 24 hours after exposure) and, if negative, on days 5-7 and 9-10 after exposure. New/Readmissions or residents who have left the facility for greater than 24 hours, (regardless of vaccination status) AND have not recovered from a COVID-19 infection within the previous 90 days. Resident must be tested immediately (see above) upon admission/return and, if negative, again 5-7 days after admission/return. Those who have tested positive for COVID-19 and recovered within the previous 90 days who develop new symptoms of COVID-19 should be evaluated by an HCP for testing	 Test any resident as needed who meets the following criteria: Showing symptoms of possible COVID-19 Exposed (regardless of vaccination status) to another resident, staff, or visitor who was confirmed to have COVID-19 AND the resident has <u>not</u> recovered from a COVID-19 infection within the previous 90 days. Resident must be tested immediately (but not earlier than 24 hours after exposure) and, if negative, on days 5-7 and 9-10 after exposure. New/Readmissions or residents who have left the facility for greater than 24 hours, (regardless of vaccination status) AND have <u>not</u> recovered from a COVID-19 infection within the previous 90 days.	 Test any resident as needed who meets the following criteria: Showing symptoms of possible COVID-19 Exposed (regardless of vaccination status) to another resident, staff, or visitor who was confirmed to have COVID-19 AND the resident has not recovered from a COVID-19 infection within the previous 90 days.





Activity	Outbreak Initiation Phase	Controlled Outbreak Phace	No Outhroak Phace
1	All staff are PCR tested weekly***, regardless of vaccination status	Controlled Outbreak Phase If initial testing reveals no additional COVID-19 cases and existing cases	No Outbreak Phase Frequency of staff testing is based on the extent of the virus in the
	(excluding those isolated due to positive COVID-19 status at time of specimen collection or those positive within the previous 90 days and recovered) if:	are contained within a single area/unit then weekly*** PCR testing (regardless of vaccination status) of exposed staff or staff on affected units continues.	 requency of staff testing is based on the extent of the virus in the community as reported on the CDC COVID-19 Data Tracker. Routine Testing Intervals by Level of Community Transmission can be found in "Table 2" in CMS Guidance QSO-20-38-NH REVISED at cms.gov/files/document/gso-20-38-nh-revised.pdf
staff	 ≥1 case in a resident ≥ 14 days after admission/readmission; OR ≥3 cases in staff within 14 days; OR ≥3 cases in individuals (e.g., visitors, vendors) associated with a specific location/department within 14 days or epidemiological link within the facility. OR 	***Routine testing intervals as indicated in "No Outbreak Phase" must still be followed.	20-38-nh-revised.pdf. Testing frequency may be increased as directed by DC Health based on other factors (e.g., the level of community transmission in an adjacent or neighboring county/state where a large number of staff may reside). The "CDC COVID-19 Data Tracker" can be found at covid.cdc.gov/covid-data-tracker/#county-view.
Testing	It is determined necessary by DC Health after investigation/contact tracing. ***Routine testing intervals as indicated in "No Outbreak Phase" must still be followed. ***Boutine testing intervals as indicated in "No Outbreak Phase" must still be followed.		PCR testing of staff is required for: Those who are unvaccinated or not up to date on their COVID-19 vaccine. Those who are more than 90 days from a prior COVID-19 infection AND unvaccinated or not up to date on their COVID-19 vaccine.
Reporting	Submit daily line list of residents and staff who are newly positive for COVID-19 to the Healthcare Facilities Investigation Team daily, Monday-Friday, excluding holidays (in accordance with DCMR Chapter 22B 208.2, 22B 201.1(ff) and 201.1 (gg), D.C. Official Code § 7-139. There is no need to report residents who are transferred into your facility with laboratory-confirmed COVID-19.	Submit daily line list of residents and staff who are newly positive for COVID-19 to the Healthcare Facilities Investigation Team daily, Monday-Friday, excluding holidays (in accordance with DCMR Chapter 22B 208.2, 22B 201.1(ff) and 201.1 (gg), D.C. Official Code § 7-139. There is no need to report residents who are transferred into your facility with laboratory-confirmed COVID-19.	Submit daily line list of residents and staff who are newly positive for COVID-19 to the Healthcare Facilities Investigation Team daily, Monday-Friday, excluding holidays (in accordance with DCMR Chapter 22B 208.2, 22B 201.1(ff) and 201.1 (gg), D.C. Official Code § 7-139. There is no need to report residents who are transferred into your Gacility with laboratory-confirmed COVID-19.





Activity Outbreak Initiation Phase Dedicate space for cohorting and managing care for each of the following: Isolating residents with COVID-19. Residents with COVID-19 must isolate for at least 10 day beginning from symptom onset OR positive test result (for asymptomatic infection). For Guidance on Discontinuation of Transmission-Base Precautions for Patients with Confirmed or Suspected COVID-19 in Healthcare Settings, visit coronavirus.dc.gov/healthguidance. Quarantining residents (regardless of vaccination status) who were exposed to a person with confirmed COVID-19.
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Quarantining residents (regardless of vaccination status) who
were exposed to a person with confirmed COVID-19
were exposed to a person with committee COVID-15.
⊙ Quarantine may be waived for residents who have had
confirmed COVID-19 infection within the last 90 days.
Quarantining residents who develop symptoms of possible
६ COVID-19.
Quarantining residents based on risk assessment.
 Quarantining new/readmissions with an unknown COVID-19
status who:
 Are unvaccinated or not up to date on their COVID-19 vacc
o Have NOT recently recovered from a confirmed COVID-19
infection within the last 90 days
Have been exposed to a person with confirmed COVID-19
regardless of vaccination status Are being transferred or admitted from an area or facility wi
Quarantine may be waived for residents who have had confirmed COVID-19 infection within the last 90 days. Quarantining residents who develop symptoms of possible COVID-19. Quarantining residents based on risk assessment. Quarantining new/readmissions with an unknown COVID-19 status who: Are unvaccinated or not up to date on their COVID-19 vaccoonders infection within the last 90 days Have been exposed to a person with confirmed COVID-19 regardless of vaccination status Are being transferred or admitted from an area or facility wing a confirmed COVID-19 outbreak More information on quarantine can be found in Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing at coronavirus.dc.gov/healthquidance. Have plans in place to dedicate staff for cohorting and managing care for each of the following:
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More information on quarantine can be found in <i>Guidance for</i>
Close Contacts of a Person Confirmed to have COVID-19:
Quarantine and Testing at coronavirus.dc.gov/healthguidance.
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Have plans in place to dedicate staff for cohorting and managing care
for each of the following:
Residents isolated for COVID-19
AND
New/readmissions requiring quarantine.
AND
Residents quarantined for symptoms of possible COVID-19
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Facilities must verify vaccination status before quarantine is
deferred.
Acceptable forms of verification include:
 Documentation in the medical record,
CDC vaccination card.
Verbal statement of vaccination must not be accepted.

Dedicate space for cohorting and managing care for each of the following:

- Isolating residents with COVID-19.
 - Residents with COVID-19 <u>must isolate for at least 10 days</u> beginning from symptom onset OR positive test result (for asymptomatic infection).

Controlled Outbreak Phase

- For Guidance on Discontinuation of Transmission-Based Precautions for Patients with Confirmed or Suspected COVID-19 in Healthcare Settings, visit coronavirus.dc.gov/healthquidance.
- Quarantining residents (regardless of vaccination status) who were exposed to a person with confirmed COVID-19.
 - Quarantine may be waived for residents who have had confirmed COVID-19 infection within the last 90 days.
- Quarantining residents who develop symptoms of possible COVID-19.
- Quarantining residents based on risk assessment.
- Quarantining new/readmissions with an unknown COVID-19 status who:
 - Are unvaccinated or **not** up to date on their COVID-19 vaccine.
 - Have **NOT** recently recovered from a confirmed COVID-19 infection within the last 90 days
 - Have been exposed to a person with confirmed COVID-19 regardless of vaccination status.
 - Are being transferred or admitted from an area or facility with a confirmed COVID-19 outbreak.

More information on quarantine can be found in *Guidance for Close Contacts of a Person Confirmed to have COVID-19:*Quarantine and Testing at coronavirus.dc.gov/healthguidance.

Have plans in place to dedicate staff for cohorting and managing care for each of the following:

Residents isolated for COVID-19

AND

New/readmissions requiring guarantine.

Residents guarantined for symptoms of possible COVID-19

Facilities must verify vaccination status before quarantine is deferred.

- Acceptable forms of verification include:
 - Documentation in the medical record,
- CDC vaccination card.
- Verbal statement of vaccination must not be accepted.

No Outbreak Phase

Dedicate space for cohorting and managing care for each of the following:

- Isolating residents with COVID-19.
 - Residents with COVID-19 <u>must isolate for at least 10 days</u> beginning from symptom onset OR positive test result (for asymptomatic infection).
 - For Guidance on Discontinuation of Transmission-Based Precautions for Patients with Confirmed or Suspected COVID-19 in Healthcare Settings, visit coronavirus.dc.gov/healthquidance.
- Quarantining residents (regardless of vaccination status) who were exposed to a person with confirmed COVID-19.
 - Quarantine may be waived for residents who have had confirmed COVID-19 infection within the last 90 days.
- Quarantining residents who develop symptoms of possible COVID-19.
- Quarantining residents based on risk assessment.
- Quarantining new/readmissions with an unknown COVID-19 status who:
 - Are unvaccinated or **not** up to date on their COVID-19 vaccine.
 - Have **NOT** recently recovered from a confirmed COVID-19 infection within the last 90 days
 - Have been exposed to a person with confirmed COVID-19 regardless of vaccination status.
 - Are being transferred or admitted from an area or facility with a confirmed COVID-19 outbreak.

More information on quarantine can be found in *Guidance for Close Contacts of a Person Confirmed to have COVID-19:*Quarantine and Testing at coronavirus.dc.gov/healthquidance.

Have plans in place to dedicate staff for cohorting and managing care for each of the following:

Residents isolated for COVID-19

AND

New/readmissions requiring quarantine.

Residents guarantined for symptoms of possible COVID-19

Facilities must verify vaccination status before quarantine is deferred.

- Acceptable forms of verification include:
 - Documentation in the medical record,
 - CDC vaccination card.
- Verbal statement of vaccination must not be accepted.